



www.newtown-ct.gov/health-district

NEWTOWN DISTRICT DEPARTMENT OF HEALTH

APPLICATION TO TEMPORARILY DISPENSE FOOD AT LOCAL BREWPUB

FEE: \$25.00 per event

- Applications are **REQUIRED 14 DAYS PRIOR TO EVENT** to allow for adequate review.
- **Please fill out the application completely and attach any necessary documents.**
- You must provide a diagram of the MFE including: cooking equipment, refrigeration, hot holding equipment, hand washing, warewashing, food preparation areas, storage of supplies.

EVENT DATE(s) / TIME(s): _____

BUSINESS/ ORGANIZATION NAME: _____

BUSINESS / ORGANIZATION MAILING ADDRESS: _____

APPLICANT NAME: _____ PHONE: _____

EMAIL: _____

1. List all food items to be offered at the event (Include separate sheet if necessary).

Food & Beverage Menu Items	Product Purchased at:

2. When will food be purchased? _____

3. Where will food be stored prior to event? _____

4. Describe how you will monitor food temperatures: _____

5. Where will food be prepared? Circle one: On- Food Truck Off-site

For Off-Site Licensed Food Establishment Provide Establishment Name and Address:

- Food items provided by another licensed food establishment *not* licensed by Newtown Health District, must provide a copy of their current food service license.

6. Describe how foods will be kept cold on-site and in transport (**below 41 degrees F**): _____

7. Describe how foods will be kept hot on-site and in transport (**above 135 degrees F**): _____

8. If offering hot foods, describe cooking procedures: _____

9. Handwashing facilities **must** be available and functional.

Hand Washing Accessories:

- ☐ Hot / Cold Running Water
☐ Soap, Single- Use Towel
☐ Waste Receptacle

10. Sanitizer: Circle one: Chlorine (Bleach) - or- Quaternary (Test Strips must be available on-site)

Describe method of sanitizing: _____

11. Where will wastewater and grease be disposed of? _____

Type of Water Supply: ☐ Private Well, must submit current water analysis ☐ Public Water

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MFE Operators must keep on file a list of employees, tasks performed & time worked at event.

The undersigned agrees to abide by all State and Local Ordinances in regard to the dispensing of food and beverages with the understanding that failure to comply with the before-mentioned may result in revocation or the suspension of your Temporary Food Service License.

REQUIRED DOCUMENT CHECK LIST:

- ☐ Water Analysis- private well water only
☐ Food Service License - if not licensed with Newtown Health District
☐ Copy of Certified Food Manager (Qualified Food Operaor) Certificate
☐ A Diagram of the Mobile Food Establishment

Owner/Applicant Signature: _____ Date: _____

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Health District Use Only: Fee Paid: _____ Check #: _____ Cash: _____

Comments: _____

Application Approved By: _____ Date: _____

Food Worker Log Sheet

Name of Event: _____

Booth Name: _____

*Ill food workers are not allowed to work at the event.

Date	Name	Task Assigned	Time In	Time Out

*The event coordinator will maintain this log for 90 days following the event